

1 FEIN		2 Business Entity Name			3 Incorporation/Formation Date (month) ___(day) ___(year) ____		
4 If assigned, National Producer Number (NP#)				5 If applicable, NASD Firm Central Registration Depository (CRD) Number			
6 List any name under which you are doing business				7 State of Domicile		8 Country of Domicile	
9 Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete item 10				10 Financial Institution/bank FEIN and name			
11 Business Address (Physical Street)				12 Business Address (Line Two)			
13 City		14 State or Province		15 Zip		16 Foreign Country	
17 Phone Number () -		18 Extension	19 Fax Number () -		20 Business Web Site Address		21 Business E-Mail Address
22 Mail Address (Physical Street or PO Box) ** Complete Mailing Address is Required **				23 Mailing Address (Line Two)			
24 City		25 State or Province		26 Zip		27 Foreign Country	

28 Identify at least one Designated/Responsible Licensed Producer:

SSN	-	-	NP#	Name
SSN	-	-	NP#	Name
SSN	-	-	NP#	Name
SSN	-	-	NP#	Name

[illegible]

30	Type of License Requested									
Check the box next to the Legal Business Type:										
	Corporation		Partnership		Sole Proprietorship		Limited Liability Company		Limited Liability Partnership	
Note: The filed and approved Organization Papers need to be attached to this application. See item #33 for more details										
Check the box next to the license type(s) and box under the line(s) of authority for which you are applying.										
Lines of Authority Requested										
	License Type	Life	Accident & Health	Property	Casualty	Title	Personal Lines	Credit Products	Limited Lines Property Casualty	
↓	Agency/Producer									
	Surplus Lines Producer									
Background Information										
31	Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.									
1.	Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?								Yes ___ No ___	
<p>"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment 										
2.	Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?								Yes ___ No ___	
<p>"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. 										
3.	Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?								Yes ___ No ___	
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.										
4.	Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?								Yes ___ No ___	
If you answer yes, identify the jurisdiction(s): _____										
5.	Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?								Yes ___ No ___	
<p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. 										
6.	Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?								Yes ___ No ___	
<p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents. 										
7.	Is this agency a "motor vehicle dealer-related agency"?								Yes ___ No ___	
If yes, enter the name and FEIN of the dealership. Indicate Dealership by entering "Dealership" as the Title.										
8.	Are you currently employed by, do you own stock in, or are you in any other manner connected with a funeral establishment, mortuary or cemetery?								Yes ___ No ___	

Applicants Certificate and Attestation

- 32 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:
1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
 2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
 3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
 4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
 5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
 6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
 7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
 8. I certify that I have read the instructions and material stated on this form and hereby attest that this applicant agency is in compliance with all requirements and regulations referenced therein.
 9. I also certify that I am authorized by the applicant agency to sign and submit this application on behalf of the applicant agency.

Attachments

- 33 The following attachments must accompany the application otherwise the application may be returned unprocessed or be considered deficient.

Corporations need to attach Articles of Incorporation.

Partnerships, Limited Liability Partnerships and Sole Proprietorships need to attach Creation Papers.

Limited Liability Companies need to attach Articles of Organization

Must be signed by an officer, director, principal or partner of the business entity:

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City

State

Zip

Authorized by PA 218 of 1956 as amended. Failure to properly complete this application may result in a rejection of your application, or a compliance action including revocation, against any Michigan licenses issued to you by the Office of Financial and Insurance Services.

Send Application **by mail:** Promissor
PO Box 23127
Lansing, MI 48909-3127

or overnight: Promissor/OFIS
6920 S. Cedar, Ste. 6
Lansing, MI 48911-6924

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Fee Processing Card Instructions

Please read these instructions carefully. Complete and detach the bottom portion at the dotted line. Keep the top part for your records. Return the bottom part with your payment as instructed. Insurance forms may be downloaded from our website at www.michigan.gov/ofis

Attach this Fee Processing Card below (form FIS 0223) to your payment for:

- ☐ **Mailing address changes for producers, agencies, solicitors, counselors and adjusters only** (using FIS 0263 Address Change form).
- ☐ **Applications for insurance license** (using forms FIS 0202, FIS 0220, FIS 0221 and/or the NAIC Uniform Applications).

NO FEES ARE REQUIRED FOR CERTIFICATION AND CLEARANCE LETTERS, DUPLICATE LICENSES OR NAME CHANGES. Do not include this fee processing card or payment with these requests. Use form FIS 0261 Document Request for certification/clearance letter or duplicate license. Use form FIS 0262 Name Change to notify us if your name has changed. If you submit form FIS 0262 Name Change or form FIS 0263 Address Change, please do not request a duplicate license. We will automatically issue a new license document and send it to your mailing address.

Please make your payment using a money order, agency or company check, or cashier check made payable to: State of Michigan. Cash and personal checks will not be accepted. Fees submitted are non-transferable and non-refundable.

Complete the Fee Processing Card, by typing or printing the applicant or licensee name and Social Security Number (for individuals) or Federal Employer I.D. Number (business entities). When using the card for an *application*, check to indicate your application type.

Applications if an exam IS required: Submit your application form, form FIS 0223 Fee Payment Card, and payment to the Promissor staff at the exam site when taking your exam.

Applications if an exam IS NOT required: Submit your completed application, form FIS 0223 Fee Payment Card, and payment to the address at the right.

Address changes: Check the appropriate box on the Fee Processing Card. Submit form FIS 263 Address Change, form FIS 0223 Fee Payment Card, and payment to the address at the right.

Mailing address **Promissor/OFIS**
PO Box 23127
Lansing MI 48909-3127

Delivery address **Promissor/OFIS**
Suite 6
6920 S. Cedar St
Lansing MI 48911-6924

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



Please cut form on this line. Retain top part for your records. Return bottom part with your payment. Please do not use staples.



FIS 0223 (10/02) Office of Financial & Insurance Services

Fee Processing Card

Use a separate card for each application or address change.

If you have questions about this form, please phone us toll-free at 877-999-6442.

Application Type		Amount Due
<input type="checkbox"/> Resident Producer/Agency	98-05-01	\$10.00
<input type="checkbox"/> Non-Resident Producer/Agency	98-04-01	\$10.00
<input type="checkbox"/> Solicitor	98-06-01	\$20.00
<input type="checkbox"/> Counselor	98-02-01	\$20.00
<input type="checkbox"/> Insurance Adjuster	98-03-01	\$15.00
<input type="checkbox"/> Adjuster for the Insured	98-01-01	\$15.00
<input type="checkbox"/> Surplus Lines Producer/Agency	98-07-13	\$110.00
<input type="checkbox"/> Non-Resident Surplus Lines Producer/Agency	98-14-01	\$110.00

Address Change Request

Amount Due

☐ Address Change 98-19-32 \$3.00

Name (Last, First Middle) or Business Entity name

Social Security Number (individuals)
or Agency Federal Employer ID

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**Make agency or company
check or money order for
full amount due,
payable to
State of Michigan**

Authorized by PA 218 of 1956 as amended. Failure to properly complete and submit this form may result in processing delays.